| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  Oq 53 8744  |  |            |                                 |                  |        |   |                     |         |                |                        |          |                     |                        |
|---|--|------------|---------------------------------|------------------|--------|---|---------------------|---------|----------------|------------------------|----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |            |                                 |                  |        |   |                     |         | ALL I          | ENTITY                 | OR       | OTHER<br>SMALL      |                        |
| FOR   |  |            | NUMBER FILED                    |                  |        | NUMBER EXTRA                                |                     |         | ΓE             | FEE                    | {        | RATE                | FEE                    |
| BASIC FEE   |  |            |                                 |                  |        |   |                     |         |                | 345.00                 | OR       |                     | 690.00                 |
| TO  | TAL CLAIMS   |            | 42 minus 20= * )                |                  |        |   |                     | X\$ 9=  |                |                        | OR       | X\$18=              | 396                    |
| IND   | EPENDENT CLA   | AIMS       | 4                               | minus            | 3 =    | : \   | X39=                |         | OR             | X78=                   | 78       |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |            |                                 |                  |        |   |                     |         |                |                        | 1 1      | +260=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |            |                                 |                  |        |   |                     |         | +130=<br>TOTAL |                        | OR<br>OR | TOTAL               | 1164                   |
| CLAIMS AS AMENDED - PART II   |  |            |                                 |                  |        |   |                     |         |                |                        | JOH      | OTHER               |                        |
| (Column 1) (Column 2) (Column 3)  |  |            |                                 |                  |        |   |                     | SM      | ALL            | ENTITY                 | OR       | SMALL               |                        |
| ENT A   |  | REMA<br>AF | AIMS<br>AINING<br>TER<br>DMENT  | 1                | Р      | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA    | RA      | ΤE             | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | . 2        | 8                               | Minus            | **     | 8   | =                   | X\$     | 9≈             |                        | OR       | X\$18=              |                        |
|   | Independent  | . 1        | ) [[[[]]]                       |                  | **     |   | =                   | ХЗ      | 9=             |                        | OR       | X78=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |            |                                 |                  |        |   |                     |         | 0=             |                        | OR       | +260=               |                        |
|   |  |            |                                 |                  |        |   |                     |         | OTAL<br>FEE    |                        |          | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |            |                                 |                  |        |   |                     |         | FEE            | <u> </u>               | 4        | ADDIT: I EE         |                        |
| AMENDMENT B   |  | REM.       | AIMS<br>AINING<br>TER<br>IDMENT |                  | F      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA    | RA      | TE             | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  |            | <u> </u>                        | Minus 7          |        | XX  | =                   | X\$     | 9=             |                        | OR       | X\$18=              |                        |
|   | Independent  | د .        | 3                               | 1                |        | TO STATE OF A LANGE                         | =                   | X39=    |                |                        | OR       | X78=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |            |                                 |                  |        |   |                     |         | i0=            |                        | OR       | +260=               |                        |
|   |  |            |                                 |                  |        |   |                     |         | OTAL<br>FEE    |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |            |                                 |                  |        |   |                     |         |                |                        |          |                     |                        |
| AMENDMENT C   |  | REM<br>AF  | AIMS<br>AINING<br>TER<br>IDMENT |                  | F      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA    | RA      | TE             | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *          |                                 | Minus            | **     |   | =                   | X\$     | 9= -           |                        | OR       | X\$18=              | j                      |
|   | Independent  |            | Minus                           |                  |        | **  | =                   | Х3      | 9=             |                        | OR       | X78=                |                        |
| $\vdash$  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |            |                                 |                  |        |   |                     |         | i0=            | 1                      |          | +260=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |            |                                 |                  |        |   |                     |         | OTAL           |                        | OR       | TOTAL               |                        |
|   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |            |                                 |                  |        |   |                     |         |                |                        |          |                     |                        |
|   | The "Highest Nun   | nber Pre   | viously Pa                      | ıd For" (Total d | or inc | iependent) is th                            | e nignest number fo | ound in | ine aț         | ргорнате вс            | ia ui cc | Julius 1.           |                        |

Application or Docket Number